

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <u>10/539795</u>		FILING DATE			
								APPLICANT(S)					
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		
1	/	/	/	/	/	/	51						
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48							98						
49							99						
50							100						
TOTAL IND.	2		↓	2		↓							
TOTAL DEP.	10		←	10		←							
TOTAL CLAIMS	12			12									
												TOTAL IND. <input type="text"/> ↓ <input type="text"/> ↓ <input type="text"/>	
												TOTAL DEP. ← <input type="text"/> ← <input type="text"/>	
												TOTAL CLAIMS <input type="text"/> <input type="text"/> <input type="text"/>	